



206,194

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Gallick et al.

Examiner:

Beth Van Doren

Application Number: 10/655,864

Art Unit:

3623

Filing Date: September 5, 2003

Title: METHOD AND SYSTEM FOR RECRUITING, ORGANIZING
AND MANAGING A VOLUNTEER GROUP PROGRAM

STATEMENT OF FILING BY EXPRESS MAIL 37 C.F.R. SECTION 1.10

This correspondence is being deposited with the United States Postal Service on
October 27, 2006 in an envelope as "Express Mail Post Office to Addressee" Mail Label
Number ER 059 677 216 US addressed to the Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450.

PETITION FOR A THREE-MONTH EXTENSION
OF TIME PURSUANT TO 37 C.F.R. § 1.136(a)

We request that the three-month response term to the outstanding office action dated
April 28, 2006 in the above-captioned application be extended three months from July 28, 2006
to October 30, 2006 (October 28, 2006 being a Saturday). We enclose a check for the requisite
small entity fee of \$ 510. Please charge any additional fees and credit any overpayment to
Deposit Account Number 01-0035.

Respectfully submitted,

Anthony J. Natoli
Registration number 36,223
Attorney for applicants

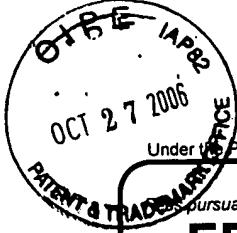
Date: October 27, 2006

ABELMAN, FRAYNE & SCHWAB
666 Third Ave., 10th Floor
New York, NY 10017-5621
(212) 949-9022

10/30/2006 BABRAHA1 00000056 10655864

01 FC:2253

510.00 DP



10-30-06

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 510)

Complete if Known

| | |
|----------------------|----------------|
| Application Number | 10/655,864 |
| Filing Date | 09/05/2003 |
| First Named Inventor | Gallick |
| Examiner Name | Beth Van Doren |
| Art Unit | 3623 |
| Attorney Docket No. | 206,194 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 01-0035 Deposit Account Name: ABELMAN,FRAYNE&SCHWAB

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) Fee (\$): 50 Fee (\$): 25

Each independent claim over 3 (including Reissues) Fee (\$): 200 Fee (\$): 100

Multiple dependent claims Fee (\$): 360 Fee (\$): 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--------------|----------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| 20 | - 20 or HP = 0 | x 0 | = 0 | | |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|---------------|---------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| 3 | - 3 or HP = 0 | x 0 | = 0 | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

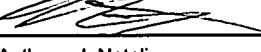
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| 49 | - 100 = 0 | / 50 = 0 (round up to a whole number) | x 0 | = 0 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$): 0

Other (e.g., late filing surcharge): Extension of time of three months Fees Paid (\$): 510

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. (Attorney/Agent) 36,223 | Telephone 212-949-9022 |
| Name (Print/Type) | Anthony J. Natoli | | Date 10/27/2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.